

Research Article**Clinical Study of *Sutika-Dashmoola Kwatha* in well being of *Sutika*****Shikha Sharma, Pravin Kumar Rai***

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Abstract: “It is the woman who procreates children and propagates the human species. *Dharma* (righteousness), *Artha* (wealth), *Lakshmi* (auspiciousness), and *Loka* (the entire universe) are represented in every woman”. *Ayurveda* regards the woman as she is the very foundation of society. *Sutika* is not a *Rogi*, the *Paricharya* explained to *Sutika* in *Prasavottara Kaala* is like *Dinacharya*, *Ritucharya* as explained for *Swashta*. This makes the necessity of particular mode of life in order to attain puerperium pre pregnancy health and to rejuvenate. A *Sutika's Sharir* is thought to be empty after delivery due to exertion of labor pains & excretion of moisture (*Kleda*) & blood. The mother become very tired after delivery and hence needs to be given extra care. As well as during *Sutika-Kala* the *Sutika* is prone to many diseases which developing either in normally delivered woman or in a woman having undergone a difficult labour are not dealt in much detail by most of the *Acharyas*. There is a need of proper *Ayurvedic* treatment which not only improves her physiological condition but also protect her from the upcoming diseases. Total 20 clinically diagnosed patients were registered for the present study and study was completed in 18 patients. *Sutika Dashmoola Kwatha* showed satisfying results statistically.

Keywords: *Sutika*, *Sutika Dashmoola Kwatha*, *Paricharya*, Puerperium

INTRODUCTION

There is a proverb “God made mother because he could not be everywhere at the same time”. This shows the importance of mother. It is also said that “Of all the rights of women, the greatest is to be a mother”.

Ayurveda regards woman and her ability to reproduce and care for children as the basis of family life. She is the very foundation of society. These qualities can only be manifested in a society, if women are safe and protected [1].

Ayurveda, as usual being explicit, describes this condition as *Sutika Avastha*. That is even the corner stone of women's life, is also considered here. Of course *Sutika* is not a *Rogi*, the *Paricharya* explained to *Sutika* in *Prasavottara Kaala* is like *Dinacharya*, *Ritucharya* as explained for *Swashta*. There are ample changes occurring in *Garbhavastha* and *Prasavastha*. A *Sutika's Sharira* is thought to be *Shoonya-Sharira* after delivery due to exertion of labour pains & excretion of moisture (*Kleda*) & blood [2].

According to *Acharya Charaka*, *Acharya Sushruta* and *Acharya Vagbhat* what so ever diseases afflict the *Sutika*, are difficult to cure or may become incurable because all the *Dhatu* of *Sutika* become

languid or unsteady due to development of foetus. As far as *Sutika-Kaala* is concerned, all the *Acharyas* have given their specific opinion. *Acharya Sushruta* & *Acharya Vagbhat* [3] has given it a time period of 1½ months/ until she restarts her menstrual cycle again. According to *Acharya Kashyap*, *Sutika-Kaala* is upto 6 months [4] and *Acharya Bhavprakash*, is upto 4 months.

Acharya Charaka has given a schedule of 5-7 days in *Ch. Sha. 8/48* for *Sutika* in which he has mentioned the management of early puerperium including *Snehpana*, *Abhyanga*, *Udarveshtana*, *Yavagupana* etc. by which he has indicated that early puerperium (*Sadya-Prasutakaala*) is the time period in which a *Sutika* needs extra special care until she returns to her normal physiology progressively.

Puerperium is defined as the time from the delivery of the placenta through the first few weeks after the delivery. This period is usually considered to be 6 weeks in duration. By 6 weeks after delivery, most of the changes of pregnancy, labour, and delivery have resolved and the body has reverted to the non pregnant state. This can be divided, for the purpose of management [5], into-

- Immediate puerperium: First 24 hours after delivery
- Early puerperium: First week after delivery
- Remote puerperium: From 2nd – 6th weeks post-delivery

Need of study

According to *Acharya Charaka* the *Sharira* of *Sutika* is empty (*Shoonya*) due to exertion of labour pains & loss of *Kleda* and *Rakta* & there is a profuse *Dhatukshaya* due to development of foetus. That's why her body is prone to several diseases. So there is a need of proper *Ayurvedic* treatment which not only improves her physiological condition but also protect her from the upcoming diseases.

Along with this we can give her a safe, cheap, side-effect free alternative *Ayurvedic* management in form of *Sutika-Dashmoola Kwatha* [6].

Aims & Objectives

Present research work was undertaken with following objectives:

- Conceptual and clinical study of *Sutika*.
- To study *Sutika* and its *Paricharya* in *Ayurvedic* perspectives, it's possible management and preventive aspects of *Sutikagat Vyadhi*.
- To evaluate the effect of *Sutika Dashmoola Kwatha* in *Sadya Prasuta* regarding her physical, mental & functional condition.
- To provide more effective, safe, cheap & side-effect free management to the *Prasuta*.

MATERIALS AND METHODS

Criteria for Selection of Patients

- The trials were conducted on 20 patients, randomly selected from IPD & OPD of PG Dept. of *Prasuti-Stree Roga*, NIA, Jaipur, irrespective of caste & religion.
- Complete description regarding the details of each research case was recorded in a pre-designed proforma.
- Proper consent in a pre-designed proforma was taken from every patient before the trial started.

Inclusion criteria:

- Puerperal woman of age 20-35 years were selected for trial.
- Women who will be delivered without any significant surgical procedure were under inclusion criteria.
- Women without any previous or present infection up to delivery were selected for trial.

Exclusion criteria:

- Women of age < 20 years or >35 years of life.

- Women with a delivery by any surgical procedure.
- Women having any fibroid along with pregnancy.
- Woman having complications during delivery.
- Women having any infection during pregnancy.
- Women having any systemic disorder.

Withdrawal criteria

If any woman developed any complication, she was withdrawn from the trial.

Clinical assessment of the Disease

Documentation and analysis of symptoms of patients before and after trial was done on the basis of non-parametric and parametric criteria as follow:

- **Non-parametric criteria:** Assessment of subjective/ clinical parameters was done on 3 bases—Physical parameter, physiological parameter and psychological parameter like Pallor, fatigue, backache, pain lower abdomen, oedema (Physical), mental stress, feel of healthiness, emotional instability (Psychological), temperature, anorexia, sleep, bowel (GIT), micturition, uterine involution, bleeding p/v and lactation (physiological).
- **Parametric criteria:** Hb, TLC, ESR, Urine RBCs, Urine WBCs, Urine epithelial cells. Protein in urine was also investigated but due to its amount in traces, it was not included in the criteria.

Criteria for the clinical assessment of overall effect of therapy

The data generated from the above parameters before and after the therapy were utilized for the purpose of overall effect of therapy on the basis of following scale:

- Complete Improvement - 100 % relief in clinical symptoms
- Marked Improvement - 75 - 100 % relief in clinical symptoms
- Moderate Improvement - 50 - 75 % relief in clinical symptoms
- Mild Improvement - 25 - 50 % relief in clinical symptoms
- No improvement - 0 - 25 % relief in clinical symptoms.

Further the effect of the treatment of signs and symptoms were analyzed statistically by Mean, SD, SE, 'paired Wilcoxon signed rank test' and 'unpaired Mann-Whitney test' for non-parametric study and 'paired t-test' and 'unpaired t-test' for parametric study. The result was interpreted as-

- $p > 0.05$ - non significant result,
- $p < 0.05$ - shows significant result,

- $p < 0.001$ - shows highly significant result.

RESULTS

Various observations studied include- incidence of age, religion, educational status, marital status, socio- economic status, family type, occupation, habitat, past histories, diet habits, status of appetite, bowel and urine habits, addiction, sleep patterns, type of *Kostha*, *Agni*, past menstrual history, parity, *Prakriti*, *Sattva*, *Satmya*, *Samhanan*, *Vyayam Shakti*,

Vaya, term of delivery and type of delivery . Incidences of different symptoms of *Sutika-kaala*, studied in the present study, are also presented in the form of table and column diagram. Results assessed on symptoms showed highly significant and significant statistically (Table 1), whereas in lab study (parametric) results were non-significant statistically. 66.67% patients showed marked improvement and 33.33% moderate improvement (Table 2).

Table 1: Results assessed on symptoms

Sl. No.	Symptoms	N	Mean			% Relief	S.D.	S.E.	w	P	Result
			BT	AT	Diff.						
1.	Pallor	10	1.50	0.70	0.80	53.33	0.89	0.25	36	<0.05	S
2.	Fatigue	18	1.67	0.33	1.33	80.00	0.49	0.11	171	<0.001	HS
3.	Backache	18	1.67	0.28	1.39	83.33	0.50	0.12	171	<0.001	HS
4.	Pain lower abdomen	18	1.39	0.11	1.28	92.00	0.46	0.11	171	<0.001	HS
5.	Edema	09	1.44	0.44	1.00	69.23	0.50	0.17	36	<0.001	HS
6.	Mental stress	11	1.36	0.73	0.63	46.67	0.67	0.20	21	<0.05	S
7.	Feel of healthiness	18	1.11	0.17	0.94	85.00	0.24	0.06	153	<0.001	HS
8.	Emotional instability	13	1.31	0.38	0.92	70.59	0.28	0.08	78	<0.001	HS
9.	Temperature	03	0.67	0.33	0.33	50.00	1.15	0.67	02	>0.05	NS
10.	Anorexia	14	1.14	0.29	0.86	75.00	0.53	0.14	66	<0.001	HS
11.	Sleep	18	1.22	0.39	0.83	68.18	0.38	0.09	120	<0.001	HS
12.	Bowel (GIT)	06	1.33	0.50	0.83	62.50	0.98	0.40	15	>0.05	NS
13.	Micturition	06	1.17	0.50	0.67	57.14	0.52	0.21	10	<0.05	S
14.	Uterine involution	18	3.00	0.83	2.17	72.22	0.38	0.09	171	<0.001	HS
15.	Bleeding P/v	18	2.11	0.22	1.89	89.47	0.32	0.08	171	<0.001	HS
16.	Lactation	18	1.56	0.28	1.28	82.14	0.46	0.11	171	<0.001	HS

Table 2: Improvement

Criteria	No. of patients	%
Complete Improvement	00	00
Marked Improvement	12	66.67
Moderately Improvement	06	33.33
Mild Improvement	00	00
No Improvement	00	00

DISSCUSSION

Sutika Dashmoola Kwatha showed satisfying results statistically. *Sutika Dashmoola Kwatha* contains drugs like *Laghu Panchamoola*, *Sahchara*, *Prasarini*, *Vishwa*, *Guduchi* and *Mustaka*. *Laghu Panchamoola* has *Vata-Pitta Shamaka*, *Brihmana*, *Balya* properties. In *Sutika*, there is *Vata Prakopa* with *Dhatu Kshaya* which leads to *Dosha Vaisamya* and *Daurbalya*. *Laghu Panchamoola* may pacify *Vataadi Doshas*, enhance the *Dhatu Poshana* and improves the physical strength of *Sutika*. The *Mutrala* effect of *Gokshura* [7] favours regaining normal diuresis during puerperium, normalizes the frequency of micturition and helps in getting the sensation for urge of micturition. It is also believed to be useful in kidney, bladder, urinary tract and uro-genital related conditions, where it is said to act as a diuretic. An early evacuation of bladder decreases the chances of atonicity of uterus, constipation and so

helps in perfect involution of uterus. Anti-oxidant property of *Sutika Dashmoola* may help to improve the mental stress and other inflammatory changes. Immuno-modulating property of *Amrita* is well known. Due to *Dhatu Kshaya*, *Sutika* gets prone to many infections because of low immunity. *Guduchi* being a *Rasayana* may help to improve immune system by enhancing *Dosha-Dhatu Samyata* and *Dhatu Poshana* [8-10]. *Shunthi* due to its *Deepana*, *Paachana* and *Vatahara* properties may facilitate *Dhatu-Poshana*. *Shunthi* is well known drug which is generally supplemented to *Sutika* to cope up the puerperal disorders. *Mustaka* has Anti-inflammatory, analgesic, anti-pyretic, anti-diarrhoeal, anti-arthritic, anti-convulsing, tranquilizing and anti-bacterial properties [11-15]. It may help to improve the physiological status of *Sutika*. *Musta* is also prescribed as *Deepana*, *Paachana* drug.

CONCLUSION

- No correlation between religion, marital status, education, socio-economic status, family, habitat, diet, parity, term of delivery, type of delivery and *Daihi Prakriti* with the improvement/decrement of well being of *Sutika* could be established in the present study.
- Effect of the trial drugs showed improvement in physical, physiological and psychological parameters of *Sutika*.
- Improvement in objective parameters like Hb %, TLC, ESR, Urine RBCs, Urine WBC, Urine Epi. Cells and Urine Protein was studied by comparing their BT and AT values. Results were statistically analyzed. But results were not very significant except on few parameters in Group A. But these parameters showed no relevancy with well being of *Sutika* during the trial.
- No adverse effect or complication produced with the use of this treatment. The treatment was safe, economic, non surgical, very effective and can be progressively used during puerperium for *Sutika* well being.

REFERENCES

1. Ayurveda.MD and The Dominican Institute of Ayurvedic Medicine; The Ayurvedic view of pregnancy & motherhood. Available from http://ayurveda.md/index.php?option=com_content&view=article&id=46&Itemid=1
2. Charaka Samhita with elaborated Vidyotini Hindi Commentary by Pt. Kashinath Shashtri and Dr. Gorakhnath Chaturvedi; Part-I, Ch. Shar. 8/49, Chaukhamba Bharti Acaedemy, Varanasi, 2001: 952
3. Kaviraj Atridev Gupta; Vagbhat, Astanga Hridayam, (*A.Hr.Shar.* 1/ 100-101), Chaukhambha Sanskrita Sansthan, Varanasi, 2005: 178
4. Vriddha Jeevaka, Kashyap samhita, Vidyotini commentary, Pt. Hemraja Sharma; khilsthana 11/ 52, Chaukhambha Sanskrita Samsthana, 1994; 310.
5. Dutta DC; Text Book of Obstetrtics. , 6th edition, New Central Book Agency, Calcutta 2004: 145.
6. Sen G; Bhaisajya Ratnavali, Vidyotini hindi commentar by Kaviraj Ambikadutta Shastri; 18th revised edition, Chaukhambha Sanskrit Sansthana, Varanasi, 2005: 1061.
7. National R & D fascility for Rasayana. Available from http://en.wikipedia.org/wiki/Tribulus_terrestris-
8. Singh N, Singh SM, Shrivastava P; Immuonomodulatory and antitumour action of medicinal plant *Tinospora cordifolia* are mediated through activation of tumour associated macrophages. Immunopharmacol Immunotoxicol., 2004; 26(1):145-162.
9. Kapil A, Sharma S; Immunopotentiating compound from *Tinospora cordifolia*; J Ethnopharmacol., 1997; 58(2): 89-95.
10. Nair PK, Rodriguez S, Ramachandran R, Alamo A, Melnick SJ, Escalon E *et al.*; Immunostimulating properties of a novel polysaccharide from the medicinal plant *Tinospora cordifolia*. Int Immunopharmacol., 2004; 4(13):1645-59.
11. Sundaram MS, Sivakumar T, Balamurugan G; Anti-inflammatory effect of *Cyperus rotundus* Linn. Leaves on acute and subacute inflammation in experimental rat models. Biomedicine, 2008; 28: 302-304.
12. Umerie SC, Ezeuzo HO; Physicochemical characterization and utilization of *Cyperus rotundus* starch. Bioresour Technol., 2000; 72(2): 193-196.
13. Birdar S, Kanlarkar VA, Mandavkar Y, Thakur M, Chougule N; Anti-inflammatory, anti-arthritis, analgesic, anti-convulsant of *Cyperus* essential oils. Indian J Pharma Parmeceut Sci., 2010; 2(4): 112-115.
14. Puratchikody A, Devi Nithya C, Nagalakshmi G; Wound healing activity of *Cyperus rotundus* Linn. Indian Journal of Pharmaceutical Sciences, 2006; 68(1): 97-101.
15. Singh N, Kulshrestha VK, Gupta MB, Bhargava KP; A pharmacological study of *Cyperus rotundus*. Indian J Med Res., 1970; 58(1): 103-109.